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FACSIMILE TRANSMISSION COVER SHEET

Date: May 21, 2008

To: United States Patent and Trademark Office
Examiner: Serrou, Abdelali.; Art Unit: 2626

Fax: (571) 273-8300

Re: **Application Serial No.: 10/799,503**
Filing Date: 3/11/2004; First-Named Inventor: Gao
Attorney Docket No.: 0160113

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 20

Message:

Enclosed please find the Response to Final Office Action dated February 22, 2008.

Thank you.

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Attorney Docket No.: 0160113

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Gao, Yang

SERIAL NO.: 10/799,503 FILED: 3/11/2004

FOR: Voicing Index Controls for CELP Speech Coding

HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	460.00	230.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,050.00	525.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,640.00	820.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	13	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 210	x 105	\$
First presentation of multiple dependent claim				+ 370	+ 185	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

03M0004/US

Attorney Docket No.: 0160113

- ☐ Enclosed is the total fee of \$ _____ (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-1867 in the amount of \$ _____
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867. A duplicate copy of this sheet is enclosed.

Date: 5/21/08By: 

Farshad Farjami, Reg. No. 41,014

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date: 5/21/08Signature: Name of Person Performing Facsimile Transmission: Marci M. Sweda

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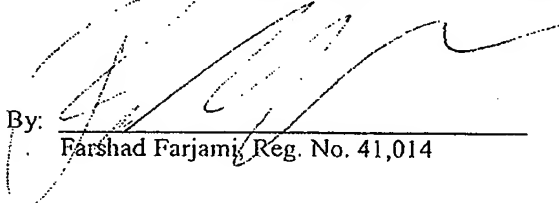
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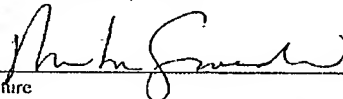

Farshad Farjami, Reg. No. 41,014CERTIFICATE OF FACSIMILE TRANSMISSION

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Marci M. Sweda

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Attorney Docket No.: 0160113

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **Yang Gao**

Serial No.: **10/799,503**

Filed: **March 11, 2004**

For: **VOICING INDEX CONTROLS FOR
CELP SPEECH CODING**

Art Unit: 2626

Examiner: Serrou, Abdelali

RESPONSE TO FINAL OFFICE ACTION

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Final* Office Action, dated February 22, 2008, in the above-referenced patent application. Please enter and consider the following remarks.